## **FORM D**

SEC Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES

OMB Number: Expires: April 30,2008
Estimated average burden hours per response.....16.00

Washington, DC

APP of Mun

PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

SEC USE ONLY						
Prefix	Senel					
.						
DATE RECEIVED						
1	l l					

UNIFORM LIMITED OFFERING EXEM	IPTION	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)		
Common Stock and Warrant Offering		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6	) ULOE	
Type of Filing: New Filing Amendment	i (BEIII BEIR) fein Bein	\$1 <b>511 61611 6816</b> 5 611 <b>16</b> 5616
A. BASIC IDENTIFICATION DATA		
Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	080	44059
Epik One, Inc.		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including A	rea Code)
174 Avenue C, Suite 205, Williston, VT 05495	(802) 264-9794	,
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including	Area Code)
Brief Description of Business	<u>L</u>	
Technology support, training and consulting services		
	P80(	CESSE
Type of Business Organization		POOL
corporation   limited partnership, already formed   other (	please specify):	1 4 2000
	AFK	1 4 2008
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 9 0 4 Actual Esti	mated & THO	MSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State		NCIAL
CN for Canada; FN for other foreign jurisdiction)		HOME
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et se	q. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	g. A notice is deemed filed with the selow or, if received at that address a	U.S. Securities fter the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	<b>)549</b> .	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.		signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offerin lied in Parts A and B. Part E and the	g, any changes Appendix need
Filing Fee: There is no federal filing fee.		
State:		
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for subJOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each sta or the exemption, a fee in the prope	ite where sales r amount shall itutes a part of
ATTENTION—	, <del></del>	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unterling of a federal notice.	xemption. Conversely, failure ess such exemption is predicta	to file the ted on the

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

T. St. 11155, A.T. N. O. H. P. C. A.
2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Winslow, David
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Epik One, Inc., 174 Avenue C, Suite 205, Williston, VT 05495
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Broussard, Alex
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Epik One, Inc., 174 Avenue C, Suite 205, Williston, VT 05495
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)  Verrico, Robert A.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Epik One, Inc., 174 Avenue C, Suite 205, Williston, VT 05495
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Tarrant, Richard E.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Chrispus Venture Capital LLC, 360 Route 101, Suite 3A, Bedford, NH 03110-5033
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
/

		e de la companya della companya della companya de la companya della companya dell	- ,, : E 4.	· · · · · · · · · · · · · · · · · · ·	રાકાગફ દુધ	1.10 117	10. 1.		Angle and a section of			7.7
					-						Yes	No
1. Has	the issuer so	id, or does			•				•			
Answer also in Appendix, Column 2, if filing under ULOE.							200	000.00				
2. What is the minimum investment that will be accepted from any individual?							\$_300	0,000.00				
3. Does the offering permit joint ownership of a single unit?					Yes	No □						
	r the inform											
com: If a p or sta	nission or sit erson to be l ates, list the t ker or deale	nilar remun sted is an a same of the	eration for ssociated po broker or d	solicitation erson or ag caler. If m	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso	ection with or registered ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	he offering. with a state		
	e (Last name PLICABLE	first, if inc	lividual)		•							
Business	or Residence	Address (	Number an	d Street, C	ity, State, 2	Cip Code)						
	Associated E	roker or De	ealer		· · · · · · · · · · · · · · · · · · ·							_
States in '	Which Perso	n Listed Ha	s Solicited	or Intend	to Solicit	Purchasers						
(Che	ck "All State	s" or check	individua	l States)	•••••	••••	••••••		••••••		□ AI	l States
AL	AK	AZ	AR	CA	[CO]	CT	DE	DC	(FL)	GA	HU	ΠŒΠ
Ш	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MŞ	MO
MT	NE	NV	NH	NJ	ÑМ	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VĀ	WA	WV	WI	WY)	PR
Full Name	(Last name	first, if ind	lividual)									
Business	or Residenc	e Address (	Number an	d Street, C	City, State,	Zip Code)			<del>,</del>			
Name of A	Associated B	roker or De	alcr									
States in \	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individual	States)	**************		************	***************************************		************	□ A1	l States
AL	[AK]	ÃΖ	AR	CA	CO	CT	DE	[DC]	FL	GA	(HI)	[ID]
TL.	IN]	[A]	KS	KY	[LA]	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC)	ND	OH	ŌK.	OR	PA
RÏ	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	$\overline{WY}$	PR
uli Name	(Last name	first, if ind	ividual)	·								
Business	or Residence	Address (	Number an	d Street, C	ity, State, 2	Zip Code)			<del></del>			
											_	
Name of A	ssociated B	roker or De	alcr									
tates in V	Vhich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individual	States)	***************************************		••••••				□ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	Œ
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	2	2
	Equity		\$ 300,000.00
	Common   Preferred		
	Convertible Securities (including warrants)	2	_ s
	Partnership Interests		
	Other (Specify)		
	Total	700,000.00	\$ 300,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		_ 3_========
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
	Accredited Investors	Investors	of Purchases c 300,000.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		. · · · · · · · · · · · · · · · · · · ·
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	s
	Regulation A		\$
	Rule 504		s
	Total		\$ 0.00
ļ	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		·
	Transfer Agent's Fees	F	] <b>\$</b>
	Printing and Engraving Costs		,   \$
	Legal Fees	_	\$ 8,500.00
	Accounting Fees		
	Engineering Fees	_	
	Sales Commissions (specify finders' fees separately)	<del>-</del>	,
	Other Expenses (identify)	_	) \$
	Total		\$ 8,500.00

The same of the sa

	b. Enter the difference between the aggregate offi and total expenses furnished in response to Part C – proceeds to the issuer."	ering price given in response to Part C — Question — Question 4.a. This difference is the "adjusted gn	oss	\$
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	uny purpose is not known, furnish an estimate a of the payments listed must equal the adjusted gro	រោ <b>d</b>	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🗌 \$	s
	Purchase of real estate		🔲 \$	. 🗆 \$
	Purchase, rental or leasing and installation of ma	achinery		
	and equipment			
	Construction or leasing of plant buildings and fa		🗆 \$	. 🗆 <b>s</b>
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	sets or securities of another	~~	:
	issuer pursuant to a merger)		<del>_</del>	_
	Repayment of indebtedness			
	Working capital	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	🗌 \$	Ø \$ 691,500.00
	Other (specify):		_ 🗆 \$	. []\$
			- 	. 🗆 \$
	Column Totals		🔲 \$_0.00	<b>Ø</b> \$ 691,500.00
	Total Payments Listed (column totals added)	***************************************	<b>≥</b> \$_6	91,500.00
- T		D. P. Millian Burgarina		
sign	issuer has duly caused this notice to be signed by th ature constitutes an undertaking by the issuer to fu nformation furnished by the issuer to any non-ac	rnish to the U.S. Securities and Exchange Com-	mission, upon writte	
Issu	er (Print or Type)	Signature	Date 1	1
Epi	c One, Inc.	KD (h )h 1	3/3	0 0 7
Nan	e of Signer (Print or Type)	Title of Signer (Print or Type)	<del></del>	+
	d Winslow	President		

ार्याचीका, अस्त अन्त्राप्ताचार है के किसाइक साम क्रियानकाहर माला किया अप सिंदर पर सामान

**END** 

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)